

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565703

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15	1					
16		1				
17		2				
18		3				
19		4				
20		5				
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25		10				
26		11				
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31		16				
32		17				
33		18				
34		19				
35		20				
36		21				
37	1					
38						
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47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	52	←		←		←
TOTAL CLAIMS	55					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						